

# Group Voluntary Accident (GVAP6)

## Off-The-Job Accidental Insurance

from Allstate Benefits

See attached Important Information About Coverage.

Offered to the employees of:

**City of Casper**

## BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the Important

Information About Coverage.

BASE POLICY BENEFITS	PLAN 1	PLAN 2
Initial Hospital Confinement (Pays once/year)	\$1,000	\$1,500
Daily Hospital Confinement (Pays daily)	\$200	\$300
Intensive Care (Pays daily)	\$400	\$600
RIDER BENEFITS	PLAN 1	PLAN 2
<b>Accident Treatment and Urgent Care Rider</b>		
Ambulance	Ground	\$200
	Air	\$300
		\$600
Accident Physician's Treatment	\$100	\$150
X-ray	\$200	\$300
Urgent Care	\$100	\$150
Dislocation or Fracture Rider <sup>1</sup>	\$4,000	\$6,000
Emergency Room Services Rider	\$200	\$300
Outpatient Physician's Benefit Rider	\$50.00	\$50.00
Accidental Death*, Dismemberment <sup>1</sup> ,* and Functional Loss <sup>1</sup> ,* Rider	\$40,000	\$60,000
	Common Carrier Accidental Death (fare-paying passenger)	\$100,000
	\$150,000	

\*Each benefit pays the amount shown. <sup>1</sup>Up to amount shown; actual amount paid depends on injury and is based on Schedule of Benefits and Factors in your certificate of coverage.

Multiple losses from same injury pay only up to amount shown above.

BENEFIT ENHANCEMENT RIDER		PLAN 1	PLAN 2
Accident Follow-Up Treatment (Pays daily)		\$100	\$150
Lacerations		\$100	\$150
Burns	< 15% body surface	\$200	\$300
	> 15% or more	\$1,000	\$1,500
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis		\$600	\$900
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (Pays once/year)		\$100	\$150
Paralysis (Pays once)	Paraplegia	\$15,000	\$22,500
	Quadriplegia	\$30,000	\$45,000
Coma with Respiratory Assistance		\$20,000	\$30,000
Open Abdominal or Thoracic Surgery		\$2,000	\$3,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000	\$1,500
	Exploratory	\$300	\$450
Ruptured Spinal Disc Surgery		\$1,000	\$1,500
Eye Surgery		\$200	\$300
General Anesthesia		\$200	\$300
Blood and Plasma		\$600	\$900
Appliance		\$250.00	\$375.00
Medical Supplies		\$10.00	\$15.00
Medicine		\$10.00	\$15.00
Prosthesis	1 device	\$1,000	\$1,500
	2 or more devices	\$2,000	\$3,000
Physical, Occupational or Speech Therapy (Pays daily)		\$60	\$90
Rehabilitation Unit		\$200	\$300
Non-Local Transportation		\$500	\$750
Family Member Lodging		\$200	\$300
Post-Accident Transportation (Pays once/year)		\$400	\$600
Broken Tooth		\$200	\$300
Residence/Vehicle Modification		\$1,000	\$1,500
Pain Management (Epidural Injection)		\$100	\$150
Miscellaneous Outpatient Surgery		\$200	\$300

## PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$3.80	\$8.68	\$10.64	\$13.95

EE=Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family

## PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$5.13	\$11.91	\$14.70	\$18.99

EE=Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family

For Internal Home Office use only

Opt 1 - 2GVA6; 2G6DF; 2G6AUC; 2G6ERS; 2G6ADD; 2G6BER; 2G6OPT

Opt 2 - 3GVA6; 3G6DF; 3G6AUC; 3G6ERS; 3G6ADD; 3G6BER; 2G6OPT



For use in enrollments situated in: Wyoming. This rate insert is part of the approved flyer for City of Casper and form ABJ29986-4 and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than August 8, 2019. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2016 Allstate Insurance Company. [www.allstate.com](http://www.allstate.com) or [allstatebenefits.com](http://allstatebenefits.com).